



03560.0028

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: K.T. Nguyen
KAZUYUKI SHIGETA)
: TC/Art Unit: 2674
Application No.: 09/873,293)
: **RECEIVED**
Filed: June 5, 2001)
: NOV 16 2004
For: DISPLAY CONTROL SYSTEM FOR)
: Technology Center 2600
DISPLAYING IMAGE INFORMATION :
ON MULTIPLE AREAS ON A)
DISPLAY SCREEN : November 10, 2004

Commissioner for Patents
Mail Stop: AF
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated August 10, 2004, the Examiner is respectfully requested to amend the above-identified application as follows.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

November 10, 2004
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicant)

November 10, 2004

(Signature)

(Date of Signature)

61
In re Application of:

KAZUYUKI SHIGETA

Application No.: 09/873,293

Filed: June 5, 2001

For: DISPLAY CONTROL SYSTEM FOR DISPLAYING
IMAGE INFORMATION ON MULTIPLE AREAS
ON A DISPLAY SCREEN



Docket No. 03560.002816

Examiner: K.T. Nguyen

TC/Art Unit: 2674

AF
2674
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NOV 16 2004

Date: November 10, 2004 Technology Center 2600

COMMISSIONER FOR PATENTS

Mail Stop: AF

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 30	MINUS	** 30	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 5	MINUS	*** 5	= 0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150°/\$300						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$___ to cover the fee for a __-month extension is enclosed.
- ☐ A check in the amount of \$___ to cover the fee for the Information Disclosure Statement submitted herewith is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicant
Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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